

Request for:
RETENTION INCENTIVE

U.S. Department of Housing and
Urban Development
Office of Administration

Name of Employee Social Security Number Case Number

Position Title Office Location (City, State) Pay Plan, Series, Grade/Step

Salary Organization Immediate Supervisor

REQUESTED PERCENTAGE: %
(Not to Exceed 25% of Salary) **NOTE: THIS AMOUNT WILL BE PAID FOR EACH SERVICE YEAR & CANNOT BE EXTENDED**

Service Agreement Requirement (No limit)
1 YR 2 YRS 3 YRS 4 YRS Other

PAYMENT ARRANGEMENTS: (Employee MUST work an equal amount of time PRIOR to receiving payment)

Lump Sum : End of Service Period **OR** (In conjunction with Pay Periods)

Bi-weekly Monthly Quarterly Semi-Annually

Annually A combination of these (Please Specify Below):

Name of Requesting Official Title

Signature Date

Name Approving Official Title

Signature Date

ADMINISTRATION CONCURRENCE

CONCUR NON-CONCUR

Name of Assistant Secretary for Administration

Signature Date

SENSITIVE INFORMATION: The information collected on this form is considered sensitive and is protected by the Privacy Act. The Privacy Act requires that these records be maintained with appropriate administrative, technical, and physical safeguards to ensure security and confidentiality. In addition these records should be protected against any anticipated threats or hazards to their security or integrity which could result in substantial harm, embarrassment, inconvenience, or unfairness to any individual on whom the information is maintained.